

MO HEALTHNET DRUG UTILIZATION REVIEW BOARD

January 15, 2020

Missouri Coalition for Community Behavioral Healthcare, 221 Metro Dr., Lower Level CEO Room, Jefferson City MO

DUR BOARD MEMBERS PRESENT

Susan Abdel-Rahman Pharm D,
Board Chair
Sandra Bollinger, Pharm D
Kenneth Haller, MD
Stacy Mangum, Pharm D
Glen Talboy, MD

Lisa E. Smith, Program Development
Specialist
Jackie Hickman, Drug Rebate Unit
Supervisor
Keri Ballew, Drug Rebate Medicaid
Specialist
Connie Sutter, Fiscal Manager
Elizabeth Short, Program Specialist

Eric Gardner, Vertex
Jim Baumann, Pfizer
Robert Pearce, Teva
Jeff Knappen, Spark
Tom Guyer, Lilly
Ashley Poke, Abbvie
Mike Holmes, Sunovion

DUR BOARD MEMBERS ABSENT

Ginger Nicole, MD, CEDS
Jennifer Passanise, FNP
Charlene Heyde, RPH

CONTRACTED STAFF PRESENT

Olivia Rush, Conduent
Jennifer Colozza, Conduent
Luke Boehmer, Pharm D, Conduent
Katie Wilbers, Pharm D, Conduent
Megan Fast, Conduent
Ben Buetcher (student), Conduent
Valerie Schmitz, Wipro
Geri Roling, Wipro
Shelbie Patel, Wipro

MHD STAFF PRESENT

Joshua Moore, Director of Pharmacy
Mark Roaseau, R.Ph, Clinical
Pharmacist
Elizabeth Sissom, RN, Clinical
Management
Angela Wilson, Pharmacy Operations
Manager
Carmen Burton, Administrative
Assistant
Dr. Timothy Kling, MD, Assistant
Medical Director

OTHERS IN ATTENDANCE

Lafond, Abbvie
Rick Kegler, Otsuka
Phil Kiny, Pfizer
Shelley Thompson, Alkermes
Rodney Cibb, Amgen

Welcome, Introductions and Opening Remarks	Susan Abdel-Rahman, called the meeting to order. Joshua Moore, the MHD Director of Pharmacy, facilitated the meeting on behalf of the MO HealthNet Division (MHD). Introductions were made all around.
Pharmacy Program/Budget Update	Elizabeth Short presented a brief power point. The presentation contained graphs representing demographic information about MHD participants, drug expenditures by participant groups, drug class, and program. Information was also provided on selected drug expenditures and initiatives MHD is tracking. Information was also provided on Pipeline Medication agents and what the approximate list prices.
Minutes Review and Approval	Minutes of the October 2019 DUR Board meeting were reviewed and approved as submitted. (See Roll Call Votes)
Drug PA Meeting and Public Hearing	Joshua Moore discussed the Drug PA's meeting on clinical edits and PDL edits and also the Rare Disease Meeting with the committee.
Edit Implementation Schedule	Joshua Moore discussed the Proposed Implementation Schedule for Edits, including PDL classes being presented for annual review, which was included in the Members' meeting packet and provided as a handout to all attending. The Schedule included the proposed schedule and it goes through May 2020. There is a PDL renewal that was reviewed at the meeting will go into effect April 2, 2020 and then go over all Clinical Edits. In April the edits that were reviewed during December 19 meeting will go into effect and then the clinical edits will go into effect in May. ADHD Methylphenidate Long Acting PDL edit, Aptensio XR was moved to Non-Preferred. Schedules may be found on the MHD web page at https://dss.mo.gov/mhd/cs/pharmacy/pdf/impsched.pdf
New Drug Review	Joshua Moore reviewed the new drug products that came out and moved several into various edits. A listing of products recommended for open access, clinical edits, preferred drug list (PDL) products, or continued prior authorization was provided in the Members' meeting packet, along with the Drug Prior Authorization Committee's actions/decisions. This listing was also provided to all attending.

Clinical Edits	
15 Day Supply- Oral Oncology Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document, no recommended changes at this time. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
15 Day Supply Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. Recommends no changes to the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Acetaminophen Cumulative Dose Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document, and recommends no changes to the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Biosimilar Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document, and recommends to pay for the lowest net cost product to MO HealthNet. Only one agent is in the edit at this time • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Corlanor Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. There is one new product coming to the edit, Corlanor 5mg soln. Proposing new criteria and added denial criteria. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Cystic Fibrosis Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. Trikafta agent is the new drug being added in the edit. Renewal criteria is every 12 months. • Decision – This edit was accepted and added to the block voted. (See Roll Call Vote)
Diabetic Supply Quantity Limit Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. This is a limit on the number of test strips participants can receive at one time. Criteria is now modified to increase limits for children and pregnant women. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)

Entresto Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. The only restriction was there was no age limit. Age range 1 year and older added. No other changes on the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
High Cost Medication Kits Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. MO HealthNet will not pay for High Cost Kits unless there is a reason to do so. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
MME Accumulation Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. There was an adjustment from 300 MME down 200 MME in April 2019. Recommending no changes to the edit at this time. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Non-Oral Contraceptive Clinical Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. Added non-oral contraceptives to the list. If something happens and patient needs a device, they would have to tell us why and MO HealthNet will pay for it. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
PrEP Fiscal Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. Recommends to prefer Truvada over Descovy for PrEP. Truvada will be generic later in 2020. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Short-Acting Opioid Combinations Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. Recommends no changes to the edit. Adding and removing products based on their availability. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Short-Acting Opioid Single Agents Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. Recommends no changes to the edit. Adding and removing products based on their availability. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)

TIRF Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. The only change is the documented diagnosis or inferred diagnosis of cancer in the past 3 months. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Typical (1st Generation) Antipsychotic Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the approval criteria document on the new edit. This will be managed now. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Zulresso Clinical Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore reviewed the criteria document. This is used for moderate to severe postpartum depression. There are 3 sites in MO that are working on or they are REMS sites. The drug needs to be prescribed by the psychiatrist or other specialist in the field of psychiatry. Facility has to be enrolled in REMS and quantity of 5 vials. Weight based dose and patient is only allowed 1 treatment per pregnancy. • Decision – This edit was accepted and added to the block vote. (See Roll Call Vote)
Preferred Drug List (PDL)	
Alzheimer’s Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document and recommends no changes to this edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Antiandrogenic Agents PDL Edit	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the new criteria document. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Antiemetic Agents: 5-HT3, NK1 & Other Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommends one change is adding Palonosetron Vial. Approval Criteria was added for Diclegis, Bonjesta and Zuplenz would be a clinical consultant review. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Antiemetic Agents: THC Derivatives	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document and recommends no changes to the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)

Anti-Migraine Agents: Serotonin (5-HT1) Receptor Agonists	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document with one new non-preferred agent- Tosymra. Additional approval criteria was added for Sumatriptan injection and new monthly dose limitations for all agents. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Anti-Parkinsonism: MAO-B Inhibitor Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommends no changes to the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Anti-Parkinsonism: Non-Ergot Dopamine Agonists	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommends no changes to the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Calcitonin Gene-Related Peptide (CGRP) Inhibitors	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Emgality 120mg/ml for Preferred is for chronic or episodic migraine on first fill only and Emgality 100mg/ml for Non-Preferred is for cluster headache with therapeutic trial of verapamil and topiramate. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Cox-II Inhibitor Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommended to retire this edit and for it to be put in with the NSAIDS. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Fibromyalgia	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Preferring generic Pregabalin and generic Cymbalta. Also new Drizalma Sprinkle to non-preferred agents. Approval criteria was separated out. No other changes were made on the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
GI Motility Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Motegrity and Zelnorm added to non-preferred agents with no other changes being made to the edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Glucagon Products	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented a new edit with criteria document. Nasal spray and glucagon kit will be preferred. Approval Criteria would be trial and failure of the 2 agents. Need to try both and fail both. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Hereditary Angioedema Agents	<p>Discussion – Joshua Moore, presented the criteria document. Added Icatibant to preferred agents for treating acute attack and Firazyr to non-preferred agents for treating acute attack. Grandfathering will be added back into the edit. No other changes recommended at this time.</p>

	<ul style="list-style-type: none"> • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Long-Acting Opioid Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Patients that are already on OxyContin will continue to stay on it. Morphabond was left on the preferred agents. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Neuropathic Pain Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document and recommends criteria is added to denial criteria if cumulative daily doses > 3600mg. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
NSAIDs	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Celebrex to be added. Name brand would be non-preferred agent. Removed limitation on generic Voltaren 1% Gel for use of hand or knee. If the provider feels patient is in need of this then MO HealthNet will pay for this. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Opioid Dependence Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Probuphine was added to the preferred agents. Removed the restriction of getting 2 Probuphine lifetime. Added additional approval criteria for Probuphine and Sublocade. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Opioid Emergency Reversal Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommended no changes to this edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Respiratory Monoclonal Antibodies (RMA)	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommending Cinqair, Fasenra and Xolair to preferred and Dupixent, Nucala- Injector, Syringe and Vial to non-preferred. Also made changes to approval criteria for both preferred and non-preferred. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Sedative Hypnotic Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommended to change 1 medication once a day for 15 days and then another 15 days. Then next fill would require a Prior Authorization for continued therapy. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Skeletal Muscle Relaxants	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommending no changes to be made to edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)

Tramadol-Like Agents	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Recommending no changes to be made to edit. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Reference Drug List	
Atypical (2nd Generation) Antipsychotics	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Saphris is an additional oral reference product. One change in clinical criteria atypical change to concurrent antipsychotics (typical or atypical) due to SUPPORT Act changes. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)
Antiretrovirals, Treatment	<ul style="list-style-type: none"> • Discussion – Joshua Moore, presented the criteria document. Truvada would be used for PrEP if no diagnosis is on file. No restrictions on HIV treatment medications. • Decision – This edit was accepted and added to the block vote. (See Roll Call Votes)

Preferred Drug List Announcement	<p>A handout of therapeutic categories to be reviewed for inclusion on the Preferred Drug List for the next phase and meeting was included in the meeting packet. This handout was also provided to all attendees and will be posted to the Division's web page: http://dss.mo.gov/mhd/cs/pharmacy/pdf/pdla.pdf</p>
Conduent Update	<p>Luke Boehmer discussed the BPM mailings making sure education is front and center, Sedative/Hypnotics mailing for 1st quarter, 2nd quarter benzino mailing, 3rd quarter diabetes mailing and 4th quarter opioids mailing. Katie Wilbers discussed Sedative/Hypnotics and mailing a letter to the providers RE: Caring for Your Patients on Sedative Hypnotics, New Drug Summary – November 2019.</p>
Program Utilization: Top 25 Drugs Summary	<p>Olivia Rush discussed Top 25 Drugs Summary Reports for the 1st, 2nd quarter 2020. Two versions were presented: one report ranked drug spend by dollars and the other by utilization/claims.</p>
Call Center Statistics Clinical Edit Summary Report	<p>A handout detailing pharmacy help desk call center activity was provided for all attending. Cyber Access Active User Counts and Logging Information reports detailing activity were also provided. Olivia Rush also presented updated Call Center Statistics.</p>

Adjourn	Sandra Bollinger, made a motion to move to close the meeting under Section 610.021 (5),(14) to go into Executive Session for the sole purpose of discussing individual participant specific medical information. (See attached roll call vote). At the conclusion of this discussion the meeting was adjourned so that the Executive Session could start. Separate minutes are created for this session. (See attached roll call vote). The next DUR Board meeting is scheduled for April 15, 2020, at the MO HealthNet Division, 2nd Floor – Conference Room 202, 615 Howerton Court, Jefferson City MO 65109.
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Roll Call Votes – January 15, 2020

MEMBER	MEETING MINUTES	ALL RECOMMENDATIONS BLOCK VOTE-PDL's	CLOSE SESSION PURSUANT TO SECTION 610.021 Subsection (14), (5)	ADJOURN
Susan Abdel-Rahman	Y	Y	Y	Y
Charlene Heyde	Absent	Absent	Absent	Absent
Sandra Bollinger	Y	M Y	S M	M Y
Kenneth Haller	M Y	S M	Y	S M
Glenn Talboy	S Y	Y	Y	Y

Jennifer Passanise	Absent	Absent	Absent	Absent
Stacy Mangum	Y	Y	M Y	Y
Ginger Nicol	Absent	Absent	Absent	Absent

A-Absent

M-Motion

S-Second the Motion

Y=yes for the vote

DRAFT

DUR BOARD MEMBERS PRESENT

Susan Abdel-Rahman, Pharm D – Board Chair
 Kenneth Haller, MD
 Sandra Bollinger, Pharm D

MHD STAFF PRESENT

Joshua Moore, Pharm D, Director of Pharmacy
 Carmen Burton, Administrative Office Support Assistant
 Elizabeth Short, Medicaid Specialist

**Glenn Talboy, MD
 Stacy Mangum, Pharm D
 Ginger Nicol, MD, CEDS**

**Elizabeth Sissom, RN, Clinical Management
 Lisa Smith, Program Development Specialist
 Connie Sutter, Fiscal Unit Manager
 Mark Roaseau, RPh, Clinical Pharmacist
 Angela Wilson, Pharmacy Operations Manager
 Dr. Timothy Kling, MD, Assistant Medical Director
 Jackie Hickman, Drug Rebate Unit Supervisor
 Keri Ballew, Drug Rebate Medicaid Specialist**

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 Katie Wilbers, Pharm D, Conduent
 Megan Fast, Conduent
 Ben Buetcher (student), Conduent
 Valerie Schmitz, Wipro
 Geri Roling, Wipro
 Shelbie Patel, Wipro**

**EXECUTIVE SESSION
 January 15, 2020**

Minutes Review	There were January minutes for the Executive Session to be approved as submitted.
Case Reviews	One Case for Review-Separate Minutes are prepared for this review.
Adjourn	Executive session